

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38854  
36

BIRTH NO.		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 6118		Registrar's No.	
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence/before admission) a. STATE MISSOURI b. COUNTY SCOTT			
b. CITY OR TOWN PERKINS		c. LENGTH OF STAY (in this place) 4 yrs		c. CITY OR TOWN PERKINS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION PERKINS				STREET ADDRESS PERKINS			
3. NAME OF DECEASED (Type or Print) LOTTIE		a. (First) VIOLA		b. (Middle) ELFRANK		c. (Last)	
4. DATE OF DEATH OCT. 12, 1957		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH NOV. 8, 1894		9. AGE (In years last birthday) 62		10. MONTHS 11		11. DAYS 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME CHARLEY ST C. IN		13b. MOTHER'S MAIDEN NAME MAGGIE RIVERS		14. NAME OF HUSBAND OR WIFE BEN ELFRANK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BEN ELFRANK, PERKINS, MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Thrombosis, Embolism, Hypertension DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 minutes 10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 6, 1957, to Oct 12, 1957, that I last saw the deceased alive on Oct 12, 1957, and that death occurred at 8:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Robert E. Jubb, M.D.		(Degree or title)		23b. ADDRESS Chaffee, Mo.		23c. DATE SIGNED 16 Oct 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10/14/57		24c. NAME OF CEMETERY OR CREMATOR MORGAN MEM. PARK ADVANCE		24d. LOCATION (City, town, or county) (State) MO.	
DATE REC'D BY LOCAL REG. 10-17-57		REGISTRAR'S SIGNATURE Mrs. Fred Bispham		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. L. L. & S. Morgan, So. Advance			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

445

DATE RECEIVED 1001 12 1 29

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1057-226

OCT 31 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4640

P. O. Address Bellevue, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.